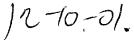


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PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

	Attorney Docket N		Э.	18602-06222	,		Ĭ			
Address to: First Named Invent			or	James D. Kelly et al.			<u> </u>			
Box Reis	sue	Original Patent Nu	mber	5,996,036			Ť			
	ioner For Patents ton, DC 20231	Original Patent Iss (Month/Day/)		11/30/1999						
_	·	Express Mail Labe	! No.	EL599912565US						
APPLICATION FOR REISSUE OF: (check applicable box) Utility Patent Design Patent Plant Patent										
	ICATION ELEMEN	ACCOMPANYING APPLICATION PARTS								
1. X *Fee Transmittal Form ((PTO/SB/56) (Submit an original, and a duplicate for fee processing)				7. Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).						
2. Specification	and Claims (amended, if	8. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations								
3. Drawing(s) (proposed amendments, if appropriate)				English Translation of Reissue Oath/Declaration (if applicable)						
4. Reissue Oath/Declaration (unsigned) (37 C.F.R. § 1.175)(PTO/SB/51 or 52)				10. *Small Entity Statement filed in prior application, Statement(s) Status still proper and desired						
5. Original U.S. Pat	ent		(PTO/SB/09-12)							
Original U.S. Patent for Surrender Ribboned Original Patent Grant				11. Preliminary Amendment and Statement of status/ support for all changes to the claims. See 37 CFR 1.173(c).						
	at of Loss (PTO/SB/55)	12. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)								
6. Original U.S. Patent currently assigned? Yes No				13. Other: Application Data Sheet						
(If Yes, check app	licable box(es))									
							<u> </u>			
	sent of all Assignees (PTC 3.73(b) Statement Pov	*NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).								
	14.	CORRESPON	DENCE A	ADDRESS						
☐ Customer Number or Bar Code Label or ☐ Correspondence address below										
00758										
Name (Print/Type)	Kirk A. Gottlieb		Re	egistration No. (Attor	rney/Agent)	42,596				
Signature	71/1	1./	Er	Date	November	30	, 2001			

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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							Docket N	Docket Number (Optional)					
REISSUE APPLICATION FEE TRANSMITTAL FORM						18602-06222							
							Express Mail No. EL599912565US						
Claims as Filed - Part 1													
							Entity Other than a Small Entity						
Patent		For Reissue App		e Application	Application Number Extra		Fee			Rate	Fee		
(A) 1	7 (37	otal Claims CFR 1.16(j))	(B)	19	****	x \$=		or	x	\$ <u>18.00</u> =	0.00		
(C) 3	l l	independent s (37 CFR 1.16(i))	(D)	5	2 =	x \$=			х	\$84.00=	168.00		
					Basic Fee (37 C)	FR 1.16(h))	\$	\$_740.00					
Total Filing Fee						\$	OR \$ <u>908.00</u>			\$ <u>908.00</u>			
					Claims as Ame		2		1				
		(1)			(2)	(3)	Small Entity Other than a Small Entity						
	Claims Remaini		_		Highest Number Previously	Extra Claims	Rate	Fee	Rate		Fee		
		After Amer	nament		Paid For	Present	Raic	1 00		Trait			
Total	Claims R 1.16(j))	***		MINUS	** 20 =	*= 0	x \$		or	x \$18.00 =	0.00		
Claims (3	pendent 7 CFR 1.16(i))	***		MINUS	*****	= 2	x \$			x \$ <u>84.00</u> =	168.00		
					Total Additional		al Fee	\$	-	OR	\$ 168.00		
£1	Total Additional Lee												
If the entry in (D) is less than the entry in (C), Write "0" in column 3. If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. After any cancellation of claims If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20). "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Please charge Deposit Account No in the amount of A duplicate copy of this sheet is enclosed.													
The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No A duplicate copy of this sheet is enclosed.													
A check in the amount of \$PLEASE DEFER to cover the filing fee is enclosed.													
Nove	mher	3	O	2001		The	-G.	Son		20			
Date	IIIOCI			2001	Signa	ture of Appl	icant, Attorr	ney or Ag	gent o	of Record			
	Kirk A. Gottlieb, Reg. No. 42,596												
	Typed or printed name												
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